2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000037064

Entity Name: OFFICE SOLUTIONS OF THE VILLAGES, LLC

Current Principal Place of Business:

3402 SOUTHERN TRACE
THE VILLAGES, FL 32162 US

New Principal Place of Business:

Current Mailing Address:

3402 SOUTHERN TRACE
THE VILLAGES, FL 32162 US

New Mailing Address:

FEI Number: 26-2327537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTENGREN, RICHARD D
38623 LAKEVIEW WALK
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

ORTENGREN, RICHARD D
3402 SOUTHERN TRACE
THE VILLAGES, FL 32162 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ORTENGREN, RICHARD D
Address: 38623 LAKEVIEW WALK
City-St-Zip: LADY LAKE, FL 32159 US

Title: MGRM ( ) Delete
Name: ORTENGREN, JANEL D
Address: 38623 LAKEVIEW WALK
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ORTENGREN, RICHARD D
Address: 3402 SOUTHERN TRACE
City-St-Zip: THE VILLAGES, FL 32162 US

Title: MGRM (X) Change ( ) Addition
Name: ORTENGREN, JANEL D
Address: 3402 SOUTHERN TRACE
City-St-Zip: THE VILLAGES, FL 32162 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD D. ORTENGREN MGRM 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date